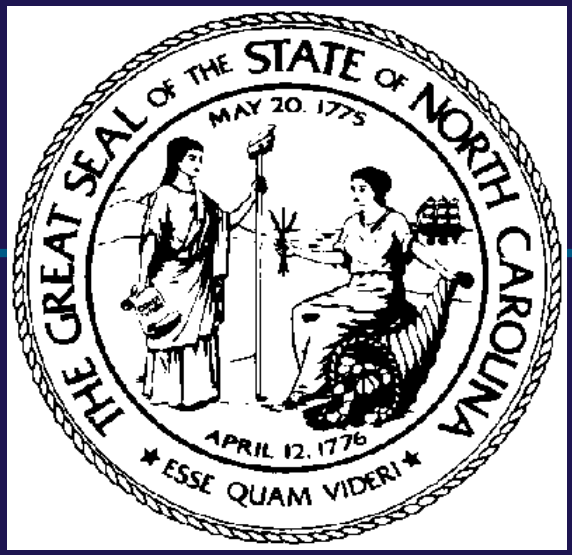

North Carolina Department of Health and Human Services
Division of Medical Assistance

Community Support Services

September 23, 2009

Community Support (CS): Today

Session Law 2009-451 Section 1068.A

- Community Support no longer under the NC Medicaid State Plan as of June 30, 2010
- Reduce Community Support
  - FY 09-10 $65,000,000
  - FY 10-11 $97,500,000

****Opportunity to make significant changes****

Community Support (CS): History

Community Support Cost

FY 2007	**$ 808,000,000**
FY 2008	**$ 824,000,000**
FY 2009	**$ 449,000,000**

FY 2008- 2009

- **22,000 children (per/mo)**
- **11,000 adults (per/mo)**
  - **consistent**
  - **80%-90% of adults/children receive CS ONLY**

Community Support: Overview

A. **Service components**: case management & skill bldg
B. **Eligibility**: Children & adults with identified mental health/substance abuse needs + functional needs
C. **Providers:** Endorsed by LMEs, oversight by Licensed Professional (as of 1/09)
    - Qualified Professionals (Lic./master/bachelor + exp)
    - Associate Professionals (master/bachelor + exp)
    - Paraprofessionals (Diploma/GED + exp)

Community Support (CS): Lessons Learned

- Any “willing & *qualified* provider”
- Lack of accurate budget/utilization forecasting
- Lack of expected clinical outcomes
- Lack of qualified workforce/providers
- No **recovery** focus
- ~100 providers of CS-ONLY (current)
- Most consumers remained in CS

Community Support (CS): Lessons Learned

OBJECTIVES

(ALL services going forward)

- Clinical treatment managed by a Licensed Professional
- Comprehensive treatment environment that facilitates transition through and out of services
- Well-documented quality and outcome standards
- Focus on recovery & self-management

Community Support (CS): Transition

Goals

- Manage transition thoughtfully
- Use transition to make positive steps forward—improve clinical quality & outcomes

Transition Process

- DMA & DMH/DD/SAS collaboration w/community stakeholders
  - Recognition of consumer impact & unintended consequences
- DMA policy changes

Community Support (CS): Transition

Stakeholder Workgroup

- Lessons Learned
- Needs of current CS recipients
  - 1/3 more intensive services
  - 1/3 less intensive/OTPT/natural supports/primary care
  - 1/3 **high priority in transition**
- Unintended Consequences/Jobs

Agreement: Right Person, Right Care, Right Time

Transition: CS Policy Changes

- **October 12, 2009**
  - Elimination of paraprofessional in CS*
- January 1, 2010
  - No new CS admissions*

*EPSDT

Transition: CS Policy Changes

- September 28, 2009
  - All (prior authorization) requests:
    - May not exceed **90 days**
    - Must include a **Discharge/Transition Plan**
      - Indicates how individual will transition out of CS

Transition: CS Enrollment Forecast**

- Late Fall 2009
  - 22,000 children (mo)
  - 11, 000 adults (mo)
- Early 2010
  - 12,500 children
  - 5,500 adults
- Early Spring 2010
  - 7,400 children
  - 2,700 adults
- Late Spring (June 2010)
  - 2300 children (EPSDT)
  - 0 adults

****Results of policy changes**

Community Supports - Adults

	FFY 10	FFY 11
Expenditures with no change	$131,174,727	$131,174,727
Projected service expenditures **with** phase out of Community Supports	$47,672,955	$0
Increases in existing enhanced services due to phase out of Community Supports	$8,674,801	$19,944,802
Total Cost Avoidance	**($74,826,971)**	**($111,229,925)**
Federal Share	**($48,734,806)**	**($72,922,339)**
State Share	**($26,092,165)**	**($38,307,586)**

Community Supports - Child

	FFY 10	FFY 11
Expenditures with no change	$318,271,090	$318,271,090
Projected service expenditures **with** phase out of Community Supports	$123,090,652	$0
Increases in existing enhanced services due to phase out of Community Supports	$2,439,660	$4,503,988
Total Cost Avoidance	**($192,740,778)**	**($313,767,102)**
Federal Share	**($125,532,069)**	**($205,705,712)**
State Share	**($67,208,709)**	**($108,061,390)**

Transition: DMA Policy Changes

Current/Projected Growth

- Intensive In Home Services (IIH)
- Community Support Team (CST)
- Multisystemic Therapy (MST)
- Assertive Community Treatment Team (ACTT)
- Psychosocial Rehabilitation (PSR)

Transition: DMA Policy Changes

Promote Quality Services & Monitor Growth

- Add metrics to measure outcomes
  - Clinical & financial dashboards
- Refining service definitions
  - Increasing provider qualifications
  - Requiring Licensed clinical oversight & delivery of services
  - Requiring family-based treatment for children
  - Defining clinical outcomes

Transition: DMA Policy Changes

Peer Support Services

- Early development w/stakeholders

Case Management

- Consolidation of medical/behavioral health
- Reduce duplication

DMA Vision